

STATE OF SOUTH DAKOTA


Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

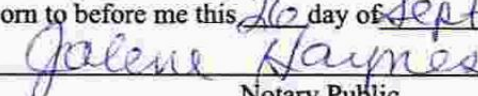
1. TITLE OF NEWSPAPER The Faith Independent		2. DATE 09-26-2019
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 39 in area/ \$44 out of area (tax included)
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 106 Main Street/ PO Box 38, Faith, Meade, SD 57626-0038		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) See attached form.		
6. FULL NAME OF PUBLISHER: Donald Ravellette		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;">FULL NAMECOMPLETE MAILING ADDRESS</div> See attached form.		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE.		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	715	716
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	187	182
2. Mail Subscription (Paid and or requested)	375	381
3. Paid Electronic Copies	15	16
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	577	579
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	40	39
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	617	618
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	81	85
2. Return from News Agents	17	13
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	715	716

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


 (Signature)


 (Title)

State of South Dakota)
 County of Haakon) §
 (Seal)

Sworn to before me this 26 day of Sept., 2019

 Notary Public
 My commission expires: 4-3-2021

Owners:

Ravellette Publications, INC
PO Box 788
Philip, SD 57567-0788

Donald Ravellette
PO Box 633
Philip, SD 57567-0633